Together for Quality (TFQ) RFP

Vendor Conference Questions

Alabama Medicaid Agency

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The following document outlines the questions and answers posed at the Vendor Conference. As stated at the Conference the oral answers provided were not binding and the written response below is the State's final response to the questions.

A general overview of various RFP proposals was provided. As part of that overview, questions were entertained.

1. If a Vendor can provide all components of the clinical tool, will the provider be able to use both the High and Medium priority data elements? **Yes. The data elements indicated were identified by the Clinical Workgroup members as being necessary ECST elements.**

2. The Agency indicated that four other clinical diseases had been identified by the Clinical Workgroup, what were they? **The four other diseases chosen by the Clinical Workgroup in order of priority are cardiovascular diseases, stroke, COPD, and obesity.**

3. The RFP requires connectivity to providers that have an EMR. What about those providers who do not have an EMR or even a computer?
The RFP explains that the ECST must provide access to individual health information to providers using different modalities; from providers currently utilizing no information technology to those currently with existing EMR systems.

4. It is unclear who will be capturing global measurements. Will the Agency do this or is this the responsibility of the vendor? **The Agency is currently establishing baseline measures for the initial two diseases, diabetes and asthma. The Agency expects the ECST to provide access to QI measures and allow for monitoring of the QI process. The ECST will contain provider entered data to the extent that providers enter data into the system in addition to claims based data.**

5. The RFP has some stiff penalties for not meeting deadlines. How will this work when the ECST has high vs. medium data elements and then even some of those are provider entered such as the hospital and other provider types? **Both High and Medium priority elements are required elements of the ECST. Elements specified as High must be available on March 1, 2008. The medium elements must be available by May 1, 2008. The schedule of deliverables will be updated through RFP amendment.**

6. Can we get the AIMS database elements? **Please refer to Vendor Pre-Conference Question #114.**

7. Can you give more information on BIZTalk?© **BizTalk is a business process management system that enables companies to automate and optimize business processes. This includes powerful, familiar tools to design, develop, deploy, and**

manage those processes. BizTalk is the State's middleware solution to provide the efficient sharing of electronic information between state agencies. Vendor solutions which access/interface with agency systems must be compatible with BizTalk.

8. Who maintains hardware/software purchased by the State? **The State is responsible for maintenance of hardware and software it purchases.**

9. Would the State consider a hosted solution with a monthly fee? **No, at this time the State is not in favor of an ASP solution whereby providers pay a monthly fee.**

10. Speed is a relative term, especially in lieu of electronic systems. Since this data is coming from various source systems, how does the Vendor control for the source? **Vendor should propose a solution that provides for a high standard of efficiency. The State recognizes variables in speed are at times beyond the control of the Vendor. For example, several years ago Medicaid began work to implement an electronic pharmacy prior authorization (PA) process that included both the fiscal agent and the PA vendor. During initial testing there were issues with the response time; however, each party worked together to get the response time from the pharmacy through claims processing, the PA criteria edits, and final claims payment determination back to the pharmacy in less than 3 seconds. Vendor should maintain a mechanism to validate external reasons for delay so the State can intervene as appropriate and when necessary.**

11. The RFP reflects the desire for a federated model vs. a centralized model. The federated model is not typically used for population analysis and terminology mediation. Can you further clarify? **Medicaid anticipates the use of a database that aggregates data to perform population analysis but is not committed to a specific solution. Refer to Vendor Pre-Conference Question #83. With regard to terminology mediation, see response to Vendor Pre-Conference Question #84.**

12. What is your vision for self-sustaining beyond the grant? **Refer to Vendor Pre-Conference Question #8. Additionally, Vendors are encouraged to make recommendations for sustainability models.**

13. Who has the responsibility for interfacing with the State? Should the vendor propose the staff? **State subject matter experts will be available to represent the State systems being interfaced. Vendor should propose the necessary resources for development and testing of the data exchange outlined in the RFP.**

14. What is your vision for consumer connectivity? **With regard to Emergency Patient Information (EPI), consumers will continue to enter data just as they do today. This is the only consumer connectivity envisioned for this project.**

15. Does the State intend to limit vendor participation in multiple responses? **Please reference the response to Vendor Pre-Conference Question #46. The State wants to ensure that all vendors are aware that subcontractors can participate in more than one response to proposals.**

16. Due to the change in the scope of work from the RFI, will the State consider changing the due date?
No. The grant timeframes are very short. The State must have an aggressive schedule to work within those timeframes. It should be noted that the RFI was used for information gathering purposes and was not intended to be the scope of work for this initiative.

17. All vendors know that the total grant allocation is $7.6M. How much of this money has been sent aside for each grant year and how much for internal changes? **The amount allocated for Grant Year 1 is $3,885.000 and the amount allocated for Grant Year 2 is $3,702,000.**

18. Could you address the referral management referenced on page 27?
The referral management functionality concerns the ability of the primary care provider to transmit clinical information needed for referral purposes and to receive consultant findings. The vendor should describe the proposed solution.

19. Could you please clarify your vision for electronic PA requirements? Could we receive more technical information on this requirement?
The vision for electronic pharmacy prior authorization and override notification is two-fold. As stated on page 25 of the RFP the functionality exists today for both pharmacists and physicians to complete and submit PA and override requests online to the current pharmacy administrative contractor, Health Information Designs (HID). The ECST should have the capability to interface with the HID website for continued submission of electronic requests. In addition, physician stakeholders have indicated the value of incorporating PA/override approvals into the tool. Health Information Design has indicated that they will be able to provide ALMA with prior authorization datasets on a predetermined timeframe basis. These datasets could contain Alabama Medicaid beneficiary information, prescriber information, pharmacy provider information and prior authorization drug information. These datasets would be in a predetermined fixed width text file format. They could be securely FTPed by a batch application to a specific location within the State's network. The Vendor could then incorporate the datasets' information into the ECST via the State's BizTalk middleware solution.

20. On page 63, section MM references ownership. Is this requirement precluding a vendor from developing a solution and then selling the solution to another entity? For example, if a Vendor owns a QI initiative and tweaks it for the State of Alabama, can that model be "sold" to another state?
The RFP will be amended to more accurately state the rights of the State and Federal Government. Refer to Vendor Conference Follow-Up Question #34.

21. Please provide a clarification on what is expected for care management staff for predictive modeling and risk stratification? **The predictive modeling and risk stratification tools are needed for Agency care management and QI processes. These tools are needed to identify those persons who will benefit the most from care management.**

The vendor's solution should describe the tools to be used and the rules used by the tool.

22. Page 14, 1st paragraph, references "open source". Did the State mean "open systems"? **The State means "open standards".**

23. Page 61. Please clarify the penalties and damages that may be assessed. **The beginning of Part XV Section GG establishes that the imposition and waiver of liquidated damages is at the Agency's discretion. The amounts listed in the specific liquidated damages provisions set the maximum damages that may be assessed but do not bind the Agency to assess that full amount in every instance. No amendment to the RFP is necessary.**